

GENERAL CIPPS LEAVE INFORMATION FORM

I. COMPANY CONTACTS

COMPANY NUMBER

0	0			
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COMPANY NAME

PRIMARY
CIPPS LEAVE
COORDINATOR

SECONDARY
CIPPS LEAVE
COORDINATOR

(NAME)

(NAME)

(TITLE)

(TITLE)

(TELEPHONE #)

(TELEPHONE #)

APPROXIMATE NUMBER OF SALARIED EMPLOYEES: _____

II. DISTRIBUTION OF REPORTS

CIPPS LEAVE REPORTS WILL BE DISTRIBUTED FROM THE REPORTS DISTRIBUTION SECTION, DEPARTMENT OF ACCOUNTS – 2ND FLOOR. SO THAT YOUR REPORTS CAN REACH YOU QUICKLY, PLEASE INDICATE YOUR PREFERRED MAILING METHOD (CHECK ONE):

☐ INTERAGENCY MAIL

☐ U.S. MAIL/UPS

☐ REMOTE PRINTING

☐ MICROFICHE

☐ AGENCY PICKUP IN REPORTS DISTRIBUTION SECTION

MAILING ADDRESS

(NAME)

(TITLE)

(TELEPHONE #)